

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO EMPLOYMENT APPLICATION

Personnel Department 172 West Third Street, Second Floor San Bernardino, CA 92415-0302

Date	Receivea:	

JOB TITLE	ANNOU			
 how they meet these requirements will be di Complete all sides of this application. Print in The information you provide in this application application or inaccurate information may disq A resume will not be accepted in place of a cor 	ure that you meet the minimum requirements. Applicants who fail to qualified from the examination. black ink or type. will be used to verify and evaluate your job qualifications. An incomplete talify you.		Qualified	
Last Name	First Name	Middle Initial	Social Security Number	
Mailing Address	City	State	Zip Code	
Home Phone ()	_ Work ()	Message Phone ()		
E-mail Address:				
Authorization to Release Information				
My signature affirms that all information on this a	onlication and any attachments is true of	and complete to the best of my know	vladga I understand that any fals	
statements may lead to disqualification or dismissal. in regard to my current employment if I specify that credentials for this position. This authorization:	Further, I authorize all employers, ins	titutions, government agencies and p	ersons named as references (excep	
information that has a bearing on my suitability releases the Superior Court of California, Corequesting or using such information to assess is valid during my entire candidacy and during SIGNATURE	unty of San Bernardino and any agent ny candidacy for employment. any resulting period of employment with	acting on its behalf from any and	all liability of whatever nature i	
FAILURE TO ACCEPT A JOB OR APPEAR FO	OR AN INTERVIEW MAY RESULT IN	REMOVAL OF YOUR NAME FRO	OM THE ELIGIBLE LIST.	
1. Indicate the type of position(s) you will accept:	☐ Full-time ☐ Part-time	□ Temporary		
2. Indicate the geographic area(s) where you will we	ork. Refusing a job offer if you check its lo	ocation below will result in removal fro	om the list.	
WEST END VALLEY	LOWER DESERT	UPPER DESERT	MOUNTAINS	
☐ Chino ☐ San Bernardino	□ Joshua Tree		☐ Twin Peaks	
☐ Rancho Cucamonga ☐ Fontana ☐ Redlands		☐ Barstow ☐ Needles	□ Big Bear	
Have you ever been dismissed or terminated from overturned, withdrawn [unilaterally or as part of a second content or content o		ciplinary reasons? (Applicants whose c	dismissals or terminations were	
4. As an adult (age 18), have you ever been convigible, and to continue in the examination process.				
Date and location of conviction:		Code violation number	··	
Description of offense:				
5. Do you have any relatives working for the Superi Name:				
			ention data:	
6. Driver's license (if needed for the job). Class:				
7. Check all that apply: Highschool: \Box 9 \Box 10	-	-	-	
 List languages other than English in which you at If this position requires typing and/or shorthand, p 				
	Professional Credentials (Licenses, C			
Name or Description and License No. (if applicable)	Issuing Agency or Board	Í	xpiration Date	
The state of the s		10000 2000		
				

				Sem	1	Certificate
MPLOYMENT HISTORY: Pleadicate any other experience which elcome, but will not be accepted ditional sheets if necessary. Con	you feel is red d as a replace	levant to the cement for	position for which you are app this application. Please use	lying (e.g., volunteer the additional work	experience, military experience addend	experience, etc.). Resumes lum form or you may att
RGANIZATION – Department/Sec	ection		Title of Most Recent Position	From -	- Month/Day/Year	To – Month/Day/Year
me and Title of Immediate Superv	visor			-		
ldress			City, State	Zip Co	de	Phone Number
onthly Salary ginning \$ Ending \$		_	Hours per Week Reason for Leaving			
re you currently employed there? You currently in a supervisory postmary of Job Duties	Yes □ No □ osition? Yes	□ No □	ay we contact your supervisor(s If yes, how many people do you	i? Yes □ No □ supervise?	_	
					Γ	FOR OFFICE USE
DRGANIZATION – Department/S	ection		Title of Position	From -	- Month/Day/Year	To - Month/Day/Year
ame and Title of Immediate Superv	visor			-		
ldress			City, State	Zip Co	de	Phone Number
onthly Salary eginning \$ Ending \$_			Hours per Week	Reason for Leaving _		
Are you currently employed there? Your you currently in a supervisory postummary of Job Duties	Yes □ No □ osition? Yes	☐ No ☐	ay we contact your supervisor(s If yes, how many people do you	1? Yes □ No □ 1 supervise?	_	
					ſ	FOR OFFICE USE
RGANIZATION — Department/Se	ction		Title of Position	From -	- Month/Day/Year	
			Title of Position	From -	- Month/Day/Year	FOR OFFICE USE To – Month/Day/Year
ame and Title of Immediate Superv			Title of Position City, State	From -		
RGANIZATION – Department/Seame and Title of Immediate Supervideress Ionthly Salary eginning \$ Ending \$	visor		City, State	Zip Co		To – Month/Day/Year Phone Number

Course of Study/Major

To

of Units Completed

Type of Degree Completed or

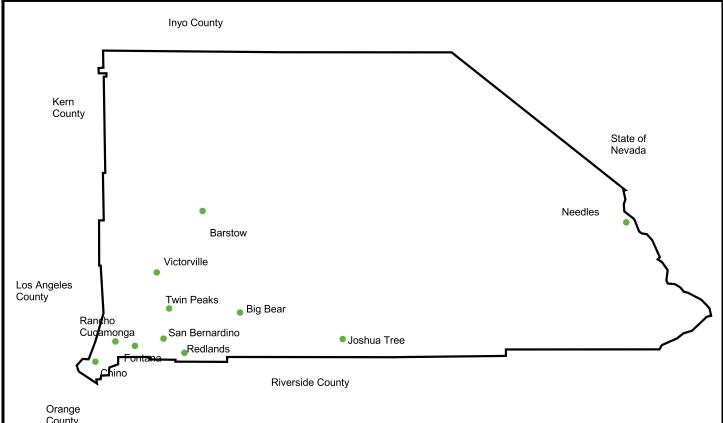
Educational Institutions Attended From

Superior Court of California, County of San Bernardino Personnel Department

FAIR EMPLOYMENT INFORMATION

Attention applicant: Please do not detach. This information will be detached from your application and used for research and statistical purposes only. In order to comply with Federal regulations in the area of Equal Employment Opportunity Employment, employers must have data available on applicant flow patterns (41 CFR 60-2, 12, 60-250.5). For this reason, we would appreciate your voluntary cooperation in providing the following information. Not withstanding the provision of these regulations, it shall be unlawful for purpose of any appointment, hiring or promotion to use this information to discriminate against a prospective or incumbent employee or to give preference to a person identified as a member of an ethnic, racial or religious group upon the basis of such membership or identification.

Title of job for which you are applying						
Social Security Number	Birth Date Month Year					
Last Name: I	First Name: M.I.:					
Superior Court of California, County of San Bernardino Employee: Yes □ No □	Sex: Male □ Female □					
Disabled: Yes □ No □						
As a result of a disability, will you need to have accommodation in the:						
☐ Interview/examination process ☐ F	Performance of the essential functions of the job					
ETHNICITY (Chec	k off the most appropriate choice)					
☐ American Indian or Alaskan Native ☐	Hispanic					
☐ Asian or Pacific Islander ☐	White (Not Hispanic Origin)					
□ Black □	Other					
How did you hear about this employment opportunity? (Check off the most appropriate choice)						
□ Weekly Listing/Job Announcement	☐ Employment Development Department					
☐ The Sun	□ I Inquired					
☐ Riverside Press-Enterprise	□ Court Web Site					
☐ Inland Valley Daily Bulletin	☐ Other Website Which one?					
☐ Orange County Register	□ Job Fair					
☐ Victorville Daily Press	□ Job Hotline					
☐ Other Newspaper Which one?	☐ Jobs Available					
□ Campus Career Center	☐ Other Source Which one?					



County

50 miles

Court Locations

Barstow Court 235 E. Mountain Ave. Barstow, CA 92311

Big Bear Court 477 Summit Ave. Big Bear, CA 92315

Chino Court 13260 Central Ave. Chino, CA 91710

Joshua Tree Court 6527 White Feather Rd. Joshua Tree, CA 92252 Juvenile Court 900 E. Gilbert St. San Bernardino, CA 92415

Fontana Court 17780 N. Arrow Highway Fontana, CA 92335

Needles Court 1111 Bailey St. Needles, CA 92363

Rancho Cucamonga Court 8303 N. Haven Ave. Rancho Cucamonga, CA 91730 Redlands Court 216 Brookside Ave. Redlands, CA 92373

San Bernardino Court 351 N. Arrowhead Ave. San Bernardino, CA 92415

Twin Peaks Court 26010 State Highway 189 Twin Peaks, CA 92391

Victorville Court 14455 Civic Dr. Victorville, CA 92392

ADDITIONAL WORK EXPERIENCE

EMPLOYMENT HISTORY: Please account for all employment within the last ten years, beginning with your current or most recent position. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.). Resumes are welcome, but will not be accepted as a replacement for this application. Please use the additional work experience addendum form or you may attach additional sheets if necessary. Complete all requested information fully. Your application will be rejected if you write "See Resume."

ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year
Name and Title of Immediate Supervisor			
Address	City, State	Zip Code	Phone Number
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	eaving	
Summary of Job Duties			
		Γ	FOR OFFICE USE
ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year
Name and Title of Immediate Supervisor			
Address	City, State	Zip Code	Phone Number
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	eaving	
Summary of Job Duties			
		Г	FOR OFFICE USE
ORGANIZATION – Department/Section	Title of Position	From – Month/Day/Year	To – Month/Day/Year
Name and Title of Immediate Supervisor			
Address	City, State	Zip Code	Phone Number
Monthly Salary Beginning \$ Ending \$	Hours per Week Reason for L	eaving	
Summary of Job Duties			
		r	EOD OFFICE USE
			FOR OFFICE USE